

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service (DOS) 07/10/01 and 08/09/01?
b. The request was received on 02/08/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs/TWCC-62
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC-60 and Response to a Request for Dispute Resolution
 - b. EOBs
 - c. Payment information
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission case file contained no proof of delivery of the dispute to the carrier. Carrier was faxed a copy of the dispute on 06/17/02. Carrier's response was received on 07/01/02 and is timely.
4. Fax confirmation of carrier receiving copy of dispute is reflected as Exhibit #3.

III. PARTIES' POSITIONS

1. Requestor:
The provider has not received fair and reasonable reimbursement or reimbursement per the Medical Fee Guideline (MFG).
2. Respondent:
The carrier has reimbursed per the Medical Fee Guideline (MFG).

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only DOS eligible for review are 07/10/01 and 08/09/01.
2. The carrier's EOBs have the denial:
"M – REIMBURSED TO FAIR AND REASONABLE"
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID per TWCC60	EOB Denial Code	MARS	REFERENCE	RATIONALE:
07/10/01	A4590	\$163.00	\$16.80	M	DOP	Texas Workers' Compensation Act & Rules, Sec. 413.011 (d), Rule 133.304 (i); MFG, GI (III)	The carrier's response contains documentation that the carrier reimbursed the provider an additional \$121.75. The payment date was 05/28/02, check #1175339, per carrier the check cleared on 06/13/02. The remaining amount in dispute is therefore, \$24.45. The MFG, GI (III) states, "(DOP) in the ... (MAR) column indicates that the value of this service shall be determined by written documentation attached to or included in the bill." This places the burden on the provider to show what is fair and reasonable reimbursement. The provider has included an invoice of supplies purchased, but no methodology that explains which of or how much of the supplies were used. The provider has not supplied adequate documentation to show that the amount of reimbursement received is not fair and reasonable or to show that the amount requested is fair and reasonable. Therefore, no additional reimbursement is recommended.
08/09/01	73630-WP	\$60.00	\$7.60	No denial code	\$60.00	MFG, CPT descriptor	The carrier's response contains documentation that the carrier reimbursed the provider \$60.00. The payment date was 10/02/01, check #1050563, per carrier the check cleared on 10/23/01. Based on the documentation provided the provider has been reimbursed the MAR and no additional reimbursement is recommended.
Totals		\$223.00	\$24.40				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 10th day of July 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.